



DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration – Region IV

Sam Nunn Atlanta Federal Center
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303 - 8909

March 30, 2001

Mr. Paul R. Perruzzi, Director
Division of Medical Assistance
Department of Health and Human Services
Post Office Box 29529
1985 Umstead Drive
Raleigh, North Carolina 27626-0529

Dear Mr. Perruzzi:

I am pleased to inform you that your request for renewal of your Medicaid home and community based services waiver for the mentally retarded/developmentally disabled, as authorized under the provisions of Section 1915(c) of the Social Security Act, has been approved. This waiver renewal has been assigned control number 0151.90.R2. This number should be used in all future correspondence regarding this program.

Specifically, you submitted a request to provide case management, in-home aide services, personal care services, developmental day care services, respite care, day habilitation, supported employment, supportive living services, environmental accessibility adaptations, transportation, waiver equipment and supplies, personal emergency response system, family training, augmentative communication, interpreter services, therapeutic case consultation, crisis stabilization, vehicle adaptations, live-in caregiver services and adult day health services to individuals who would otherwise require the level of care provided in an Intermediate Care Facility for the Mentally Retarded (ICF/MR). Based on the renewal application, response to our request for additional information and the assurances you provided, I approve the waiver renewal request for a five-year period, effective April 1, 2001, through March 31, 2006. The following estimates of utilization and cost of waiver services have been approved:

<u>Year</u>	<u>Unduplicated Recipients</u>	<u>Factor D</u>	<u>Total Expenditures</u>
1 (04/01/01-03/31/02)	6,527	\$33,392	\$217,947,397
2 (04/01/02-03/31/03)	6,527	\$34,407	\$224,575,644
3 (04/01/03-03/31/04)	6,527	\$35,437	\$231,298,282
4 (04/01/04-03/31/05)	6,527	\$36,452	\$237,919,034
5 (04/01/05-03/31/06)	6,527	\$37,552	\$245,100,956

We appreciate the effort and cooperation provided by you and your staff. If you have questions or need additional information, please contact Marsha Montague at (404) 562-7506.

Sincerely,

Eugene A. Grasser
Associate Regional Administrator
Division of Medicaid and State Operations

